

U.S. DEPARTMENT OF THE INTERIOR
PUBLIC TRANSPORTATION BENEFIT PROGRAM APPLICATION

A. Applicant Information (Please Print or Type)

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Organization: **FWS**

Work Address: _____

City: _____ State: _____ Zip Code: _____

Office Telephone Number: _____ Social Security Number: _____

SmarTrip ID Number: _____ Payroll Cost Structure Account Number: _____
(If Applicable)

Prior to applying for this benefit, did you drive to work or use some form of mass transit? _____

If you drove, did you have a Federally subsidized workplace parking space or assignment? _____

Please identify the name of the transit company/system you use: _____

Please identify the type of pass or fare media you use: _____

B. Mode(s) of Transportation to be used to and from workplace:

Bus _____ Light Rail _____ Subway _____ Train _____ Ferry _____ Authorized Vanpool _____

Other (explain) _____

C. Employee Certification: WARNING: This certification concerns a matter with the jurisdiction of an agency of the United States and making a false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution under Title 18, United States Code, Section 1001, Civil Penalty Action, providing for administrative recoveries of up to \$10,000 per violation, and/or agency disciplinary actions up to and including dismissal.

I certify that I am employed by the U.S. Department of the Interior and am not named on a Federally subsidized workplace parking permit with the U.S. DOI or any other Federal agency.

I certify that I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work, and will not transfer it to anyone else.

I certify that the monthly transit benefit I am receiving does not exceed my monthly commuting costs.

I certify that in any given month, I will not use the Government-provided transit benefit in excess of the statutory limit. If my commuting costs per month on public transit exceed the monthly statutory limit, then I will supplement those additional costs with my own funds rather than use a Government-provided transit benefit designated for use in a future month.

I certify that my usual monthly commuting costs are: \$ _____ Employee Signature: _____ Date: _____

D. Approvals:

Supervisory Certification

Name: _____ Title: _____

Signature: _____ Date: _____

Approving Official (DOI Official Only)

Name: _____ Title: _____

Signature: _____ Date: _____

PRIVACY ACT STATEMENT: This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. This information will be matched with lists at other Federal agencies to ensure that you are not listed as a carpool or vanpool participant or a holder of any other form of vehicle worksite parking permit with the U.S. DOI or any other Federal agency.